

THE CLEVELAND MUSEUM OF ART  
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
 MAY 8 to JUNE 16, 1963

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Artist

Neva

FIRST NAME

Hansen

LAST NAME

Address 19020 Newton Ave Euclid 19  
NO. STREET CITY ZONE

Cuyahoga

COUNTY

Tel. IV-1-3876

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN  
THESE COLUMNS

10	20	#30 <sup>00</sup> *	The Looking Glass	Woodcut	4	1995 ✓	A
10	20	25 <sup>00</sup> **	Sleeper	Woodcut	4	1996 ✓	R
10	20	25 <sup>00</sup>	<del>Reclining Figure</del>	Woodcut	4		
8	10	45 <sup>00</sup> ***	CENTRAL PARK 5.30 P.M.	Woodcut	4	1998 ✓	R
			* frames : \$ 8				
			** " \$ 5.				
			*** " \$ 12.				

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

huat Hansen

SIGNATURE

REC'D MAR 11 1963